

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

32648

1. PLACE OF DEATH

County St. Louis
Township Palmer
City St. Louis (No. _____) St. _____ Ward _____

Registration District No. 5364
Primary Registration District No. 262

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward King City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 - 1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 2 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Handwork
10. Date deceased last worked at this occupation (month and year) Sept 1932 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wallace, Mo.

13. NAME Amos T. Foster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Ky.

15. MAIDEN NAME Deloise Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington, Ky.

17. INFORMANT Berna Gilbert (ADDRESS) Fairfax, Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE King City, Mo. DATE Oct 16 1933

19. UNDERTAKER A. W. Wilson (ADDRESS) King City, Mo.

20. FILED 10/15 1933 E. M. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1933
22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1932 to Oct 14 1933
I last saw him alive on Oct 10 1933. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma Colon. Date of onset 1932

Other contributory causes of importance: No

Name of operation Colostomy Date of Sept 1932
What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify E. M. Reynolds M. D.
(Signed) Union Star Mo
(Address) _____

NOV 10 1933

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

